

## ADOPTION

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT**

Attached are the forms usually necessary to commence an action for Adoption.

<b>Form #</b>	<b>Title</b>	<b>Number of Copies</b>
ADOPT-050	How to Adopt a Child in California	1
ADOPT-200	Adoption Request	1
ADOPT-210	Adoption Agreement	1
ADOPT-215	Adoption Order	1
ADOPT-230	Adoption Expenses	1
AD-1A	Parental Consent to Adoption (In California)	1
AD-1C	Parental Consent to Adoption (Outside California)	1
AD-2	Stepparent Adoption – Consent to Adoption by Parent Retaining Custody	1
AD-2A	Stepparent Adoption – Consent to Adoption by Parent in California Giving Custody to Husband or Wife or Domestic Partner of Other Parent	1
AD-2B	Stepparent Adoption – Consent to Adoption by Parent Outside California Giving Custody to Husband or Wife or Domestic Partner of Other Parent	1

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.

The following are additional forms that may be required.

AD-1F	Parental Consent to Adoption (Outside California in Armed Forces)
AD-2D	Stepparent Adoption – Consent to Adoption by Parent Outside California in Armed Forces Giving Custody to Husband or Wife or Domestic Partner of Other Parent
VS-44	Court Report of Adoption



In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1, and independent, agency, and international adoptions on page 2.

### **Stepparent/Domestic Partner Adoptions**

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Web site: [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

#### **1 Fill out court forms.**

- |                                    |                    |  |
|------------------------------------|--------------------|--|
| <input type="checkbox"/> ADOPT-200 | Adoption Request   | This tells the judge about you and the child you are adopting.   |
| <input type="checkbox"/> ADOPT-210 | Adoption Agreement | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge says so. |
| <input type="checkbox"/> ADOPT-215 | Adoption Order     | The judge signs this form if your adoption is approved.  |

#### **2 Take your forms to court.**

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or, if you have a lawyer or are using an agency, take the forms to them.

#### **3 The social worker writes a report.**

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

#### **4 Go to court on the date of your hearing.**

Bring:

- ☐ The child you are adopting
- ☐ Form ADOPT-210
- ☐ Form ADOPT-215
- ☐ A camera, if you want a photo of you and your child with the judge
- ☐ Friends/relatives

## **Independent, Agency, or International Adoptions**

If this is an independent, agency, or international adoption, fill out and file the forms below. You can get them from the court clerk or from the California Courts Self-Help Web site: [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

### **1 Fill out and file court forms.**

- |                                    |                    |  |
|------------------------------------|--------------------|--|
| <input type="checkbox"/> ADOPT-200 | Adoption Request   | This tells the judge about you and the child you are adopting.   |
| <input type="checkbox"/> ADOPT-210 | Adoption Agreement | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge says so. |
| <input type="checkbox"/> ADOPT-215 | Adoption Order     | The judge signs this form if your adoption is approved.  |
| <input type="checkbox"/> ADOPT-230 | Adoption Expenses  | This tells the judge about all your adoption expenses.   |

### **2 The social worker writes a report.**

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. The social worker will file the report and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

### **3 Go to court on the date of your hearing.**

Bring:

- ☐ The child you are adopting
- ☐ Form ADOPT-210
- ☐ Form ADOPT-215
- ☐ Form ADOPT-230
- ☐ A camera, if you want a photo of you and your child with the judge
- ☐ Friends/relatives

### **4 Is this an “open” adoption?**

If you want your child to have contact with his or her birth family, fill out ADOPT-310, which asks for an open adoption.

### **5 If you are adopting an Indian child...**

Also fill out and bring:

- ☐ Form ADOPT-220      Adoption of Indian Child
- ☐ Form ADOPT-225      Parent of Indian Child Agrees to End Parental Rights

If you are adopting more than one child, fill out an adoption request for each child.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

1 Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (if any): (Name, address, telephone numbers, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 Type of adoption (check one):

☐ Agency (name): \_\_\_\_\_

☐ Joinder has been filed.

☐ Joinder will be filed.

☐ Independent

☐ International (name of agency): \_\_\_\_\_

☐ Stepparent

☐ Relative

3 Information about the child:

a. The child's new name will be: \_\_\_\_\_

b. ☐ Boy ☐ Girl

c. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

d. Child's address (if different from yours):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e. Place of birth (if known):

City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

f. If the child is 12 or older, does the child agree to the adoption? ☐ Yes ☐ No

g. Date child was placed in your physical care: \_\_\_\_\_

4 Child's name before adoption: (Fill out ONLY if this is an independent, relative, or stepparent adoption.)  
\_\_\_\_\_

5 Does the child have a legal guardian? ☐ Yes ☐ No

If yes, attach a copy of the Letters of Guardianship and fill out below:

a. Date guardianship ordered: \_\_\_\_\_

b. County: \_\_\_\_\_

c. Case number: \_\_\_\_\_

6 Is the child a dependent of the court? ☐ Yes ☐ No

If yes, fill out below:

Juvenile case number: \_\_\_\_\_

County: \_\_\_\_\_

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing Date

Hearing is set for:

→ Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:  
\_\_\_\_\_  
\_\_\_\_\_

**To the person served with this request:** If you do not come to this hearing, the judge can order the adoption without your input.

Your name: \_\_\_\_\_

- 7 Child may have Indian ancestry: ☐ Yes ☐ No  
If yes, attach Form ADOPT-220, Adoption of Possible Indian Child.

- 8 Names of birth parents, if known:  
a. Mother: \_\_\_\_\_  
b. Father: \_\_\_\_\_

9 **If this is an agency adoption**

- a. I have received information about the Adoption Assistance Program Regional Center and about mental health services available through Medi-Cal or other programs. ☐ Yes ☐ No
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services. ☐ Yes ☐ No (if no, list the name and relationship to child of each person who has not signed the consent form): \_\_\_\_\_

10 **If this is an independent adoption**

- a. A copy of the Independent Adoptive Placement Agreement, a California Department of Social Services form, is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement, a California Department of Social Services form. ☐ Yes ☐ No (if no, list the name and relationship to child of each person who has not signed the consent form): \_\_\_\_\_
- c. I will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.

11 **If this is a stepparent adoption**

- a. The birth parent (name): \_\_\_\_\_ ☐ has signed a consent ☐ will sign a consent
- b. The birth parent (name): \_\_\_\_\_ ☐ has signed a consent ☐ will sign a consent
- c. The adopting parents were married on **or** The domestic partnership was registered on (date): \_\_\_\_\_. (For court use only. This does not affect social worker's recommendation. There is no waiting period.)

- 12 ☐ There is no presumed or biological father because the child was conceived by artificial insemination, using semen provided to a medical doctor or a sperm bank. (Fam. Code, § 7613.)

13 **Contact after adoption**

- Form ADOPT-310, *Contact After Adoption Agreement*, ☐ is attached ☐ will not be used  
☐ will be filed at least 30 days before the adoption hearing ☐ is undecided at this time

- 14 ☐ The consent of the ☐ birth mother ☐ presumed father is not necessary because (specify Fam. Code, § 8606 subdivision): \_\_\_\_\_

Your name: \_\_\_\_\_

- 15** A court ended the parental rights of (*attach copy of order*):  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date) \_\_\_\_\_

- 16** ☐ I will ask the court to end the parental rights of (*attach copy of Petition to Terminate Parental Rights or Freedom From Parental Custody, if filed*):  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 17** Each of the following persons with parental rights has not contacted his or her child in one year or more. (*Fam. Code, § 8604(b)*) (*Attach copy of Application for Freedom From Parental Custody, if filed.*)  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 18** Each of the following persons with parental rights has died:  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**19 Suitability for adoption**

Each adopting parent:

- |  |   |
|--|---|
| a. Is at least 10 years older than the child | d. Has a suitable home for the child <i>and</i> |
| b. Will treat the child as his or her own    | e. Agrees to adopt the child                    |
| c. Will support and care for the child       |   |

- 20** I ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

- 21** If a lawyer is representing you in this case, he or she must sign here:

Date: \_\_\_\_\_  
Type or print your name▶ \_\_\_\_\_  
Signature of attorney for adopting parents

- 22** I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_  
Type or print your name▶ \_\_\_\_\_  
Signature of adopting parentDate: \_\_\_\_\_  
Type or print your name▶ \_\_\_\_\_  
Signature of adopting parent





# ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

① Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (skip this if you have a lawyer):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (if any): (Name, address, telephone number, and State Bar number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known:

**Case Number:**

② Child's name before adoption: \_\_\_\_\_

Child's name after adoption: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

③ I am the child listed in ② and I agree to the adoption. Sign at the hearing in front of the judge.

Date: \_\_\_\_\_  
Type or print your name

Signature of child (child must sign at hearing if 12 or older; optional if child is under 12)

④ If there is only **one** adopting parent, read and sign below. Sign at the hearing in front of the judge.

a. I am the adopting parent listed in ①, and I agree that the child will:

(1) Be adopted and treated as my legal child (Fam. Code, § 8612(b)) and

(2) Have the same rights as a natural child born to me, including the right to inherit my estate.

Date: \_\_\_\_\_  
Type or print your name

Signature of adopting parent (sign at hearing)

b. I am married to, or the registered domestic partner of, the adopting parent listed in ①, and I agree to his or her adoption of the child.

Date: \_\_\_\_\_  
Type or print your name

Signature of spouse or registered domestic partner (may be signed before hearing)



Your name: \_\_\_\_\_

**5** If there are **two** adopting parents, read and sign below. Sign at the hearing in front of the judge.

We are the adopting parents listed in **1**, and we agree that the child will:

- (a) Be adopted and treated as our legal child (*Fam. Code, § 8612(b)*) and
- (b) Have the same rights as a natural child born to us, including the right to inherit our estate.

I am in agreement with the other parent's adoption of the child.

Date: \_\_\_\_\_  
Type or print your name

► \_\_\_\_\_  
Signature of adopting parent (sign at hearing)

I am in agreement with the other parent's adoption of the child.

Date: \_\_\_\_\_  
Type or print your name

► \_\_\_\_\_  
Signature of adopting parent (sign at hearing)

**6** For stepparent adoptions only:

If you are the legal parent of the child listed in **2**, read and sign below. Sign at the hearing in front of the judge.

I am the legal parent of the child and am the spouse or registered domestic partner of the adopting parent listed in **1**, and I agree to his or her adoption of my child.

Date: \_\_\_\_\_  
Type or print your name

► \_\_\_\_\_  
Signature of adopting parent (sign at hearing)

**7 Executed:**

Date: \_\_\_\_\_

► \_\_\_\_\_  
Judge (or Judicial Officer)

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

1 Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (if any): (Name, address, telephone number, and State Bar number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number if known:

Case Number: \_\_\_\_\_

2 Type of adoption: (Check one)

☐ Agency (name): \_\_\_\_\_

☐ Independent

☐ International (name of agency): \_\_\_\_\_

☐ Stepparent

☐ Relative

3 Child's name after adoption:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

4 Name of adoption agency (if any): \_\_\_\_\_

5 Hearing date: \_\_\_\_\_

Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_ Judge: \_\_\_\_\_

Clerk's office telephone number: (\_\_\_\_) \_\_\_\_\_

6 People present at the hearing:

☐ Adopting parents ☐ Lawyer for adopting parents

☐ Child ☐ Child's lawyer

☐ Parent keeping parental rights (stepparent/domestic partner): \_\_\_\_\_

☐ Other people present (list each name and relationship to child):

a. \_\_\_\_\_

b. \_\_\_\_\_

If there are more names, attach a sheet of paper, write "ADOPT-215, Item 6" at the top, and list the additional names and each person's relationship to child.

**Judge will fill out section below.**


7 The judge finds that the child: (Check all that apply)

a. ☐ Is 12 or older and agrees to the adoption

b. ☐ Is under 12



Your name: \_\_\_\_\_

- 8 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
- a. Is at least 10 years older than the child
  - b. Will treat the child as his or her own
  - c. Will support and care for the child
  - d. Has a suitable home for the child *and*
  - e. Agrees to adopt the child
- 9 ☐ This case is a relative adoption petitioned under Family Code section 8714.5.  
☐ The adopting relative ☐ The child, who is 12 or older, has requested that the child's name before adoption be listed on this order. (*Fam. Code, § 8714.5(g).*)  
The child's name before adoption was:  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- 10 ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act and that there is good cause to give preference to these adopting parents. The clerk will fill out 13 below.
- 11 ☐ The judge approves the *Contact After Adoption Agreement* (ADOPT-310)  
☐ As submitted ☐ As amended on ADOPT-310
- 12 The judge believes the adoption is in the child's best interest and orders this adoption.  
The child's name after adoption will be:  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship.
- Date: \_\_\_\_\_  \_\_\_\_\_  
Judge (or Judicial Officer)

**Clerk will fill out section below.**

- 13 **Clerk's Certificate of Mailing**  
For the adoption of an Indian child, the Clerk certifies:  
I am not a party to this adoption. I placed a filed copy of:
- ☐ ADOPT-200, *Adoption Request*
  - ☐ ADOPT-220, *Adoption of Indian Child*
  - ☐ ADOPT-215, *Adoption Order*
  - ☐ ADOPT-310, *Contact After Adoption Agreement*
- in a sealed envelope, marked "Confidential" and addressed to:
- Chief, Division of Social Services  
Bureau of Indian Affairs  
1849 C Street, NW  
Mail Stop 310-SIB  
Washington, DC 20240
- The envelope was mailed by U.S. mail, with full postage, from:
- Place: \_\_\_\_\_ on (date): \_\_\_\_\_
- Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy

Clerk stamps date here when form is filed.

**If you are adopting your stepchild, do not fill out this form.****1** Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (*skip this if you have a lawyer*):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (*if any*): (*Name, address, telephone number, and State Bar number*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known:

**Case Number:****2** Name of child after adoption:

\_\_\_\_\_

**3** List the services you received that were related to the adoption of the child listed in **2**:

<b>Service</b>	<b>Name and address of service provider</b>	<b>How much paid, or value of service</b>	<b>Payment date</b>
a. Hospital	_____ _____	\$ _____	_____
b. Prenatal care	_____ _____	\$ _____	_____
c. Legal fees paid	_____ _____	\$ _____	_____
d. Adoption agency fee paid	_____ _____	\$ _____	_____
e. Transportation	_____ _____	\$ _____	_____
f. Adoption facilitator fees paid	_____ _____	\$ _____	_____



Case Number:

Your name: \_\_\_\_\_

Service	Name and address of service provider	How much paid, or value of service	Payment date
g. Counseling fees paid	_____ _____	\$ _____	_____
h. Adoption service provider	_____ _____	\$ _____	_____
i. Pregnancy expenses paid	_____ _____	\$ _____	_____
j. Court filing fees paid	_____ _____	\$ _____	_____
k. Fingerprinting fees paid	_____ _____	\$ _____	_____
l. Other	_____ _____	\$ _____	_____

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.

Number of pages attached: \_\_\_\_\_

- ④ I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_  
Type or print your name

► \_\_\_\_\_  
Signature of adopting parent

Date: \_\_\_\_\_  
Type or print your name

► \_\_\_\_\_  
Signature of adopting parent

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Petition of

\_\_\_\_\_  
Petitioner(s)

**PARENTAL CONSENT TO ADOPTION  
(In California)**

I/we, \_\_\_\_\_ being the parent(s) of \_\_\_\_\_ (Gender: M F)  
Name of Child

born on \_\_\_\_\_ in \_\_\_\_\_ give my/our full and  
Date of Birth Place of Birth

free consent to the adoption of said child by

\_\_\_\_\_  
Name(s) of Petitioner(s)

I/we understand that I/we may revoke this consent only during the thirty (30) day period beginning on the date I/we sign this consent and only if I/we have not waived my/our right to revoke the consent. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

Signed in the presence of:

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS
TELEPHONE NUMBER

DATE
SIGNATURE OF MOTHER
DATE
SIGNATURE OF FATHER
FULL ADDRESS





# IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF \_\_\_\_\_

In the Matter of the Petition of

\_\_\_\_\_  
Petitioner(s)

## PARENTAL CONSENT TO ADOPTION (Outside California)

I/we, being the parent(s) of \_\_\_\_\_ (Gender: M F)  
Name of Minor Child

born on \_\_\_\_\_ in \_\_\_\_\_  
Date of Birth Place of Birth

give my/our full and free consent to the adoption of said child by \_\_\_\_\_  
Name(s) of Petitioner(s)

I/we understand that I/we may revoke this consent only during the thirty (30) day period beginning on the date I/we sign this consent and only if I/we have not waived my/our right to revoke the consent. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

Signed in the presence of:

DATE
SIGNATURE OF MOTHER
DATE
SIGNATURE OF FATHER
FULL ADDRESS

**STATE OF** \_\_\_\_\_ )  
\_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public,  
personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis  
(NAME(S) OF MOTHER/FATHER)

of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature (Seal)

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS:
TELEPHONE NUMBER:



Original for Court Record

Certified Copy for State Department of Social Services

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Petition of

\_\_\_\_\_  
Petitioner**STEPPARENT ADOPTION**

**Consent to Adoption by Parent  
Retaining Custody**

I, the undersigned, being the parent of \_\_\_\_\_ give my full and  
Name of Minor  
 free consent to the adoption of said child by \_\_\_\_\_, who is  
Name of Petitioner (Stepparent)  
 my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask  
 that the petition be granted.

Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is the child  
Date City and State  
 of \_\_\_\_\_ and \_\_\_\_\_  
Name of Legal Parent Name of Legal Parent  
 Date \_\_\_\_\_ 20 \_\_\_\_\_  
Signature of Parent

Signed in the presence of

\_\_\_\_\_  
\*Title

\* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.



*Original for Court Record*

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

*In the Matter of the Petition of***STEPPARENT ADOPTION**

*Consent to Adoption by Parent in California  
Giving Custody to Husband or Wife  
or Domestic Partner of Other Parent*

\_\_\_\_\_  
*Petitioner*

*I, the undersigned, being the parent of \_\_\_\_\_*

*Name of Child*

*do hereby give my full and free consent to the adoption of said child by*

\_\_\_\_\_  
*Name of Petitioner (Stepparent)*

*the petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval, and that with the signing of the order of adoption by the court, I shall give up all my rights of custody, services, and earnings of said child, and that said child cannot be reclaimed by me.*

*Said child was born on \_\_\_\_\_ in \_\_\_\_\_*

*Date**City and State*

*and is the child of \_\_\_\_\_ and \_\_\_\_\_*

*Name of Birth Parent**Name of Birth Parent*

*DATE \_\_\_\_\_ 20 \_\_\_\_\_*

\_\_\_\_\_  
*Signature of Parent*

*Signed in the presence of*

\_\_\_\_\_  
*\*Title*

*\*The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.*

**NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION:** *If you or your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.*

*This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, of other parent. Original for court record.*



***In the Superior Court of the State of California  
in and for the County of \_\_\_\_\_***

*In the Matter of the Petition of*

**STEPPARENT ADOPTION**

***Consent to Adoption by Parent Outside  
California Giving Custody to Husband or  
Wife or Domestic Partner of Other Parent***

\_\_\_\_\_  
Petitioner

I, the undersigned, being the parent of \_\_\_\_\_ do  
Name of Child  
hereby give my full and free consent to the adoption of said child by

\_\_\_\_\_  
Name of Petitioner (Stepparent)

the petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval, and that with the signing of the order of adoption by the court, I shall give up all my rights of custody, services, and earnings of said child, and that said child cannot be reclaimed by me.

Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is  
Date City and State  
the child of \_\_\_\_\_ and \_\_\_\_\_  
Name of Birth Parent Name of Birth Parent  
Date \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Parent

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public,  
personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of  
Name of Parent  
satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature (Seal)

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